

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8453</b>	2. Fiscal Year Covered From: <div>1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name <b>Reginald V Castanares, Jr.</b> P.O. Box, Bldg., Room No., if any Street <b>1109 Bethel Street</b> City <b>Honolulu</b> State <b>Hawaii</b> ZIP Code + 4 <b>96813-2209</b>	4. Name, file number, and address of labor organization. Name <b>Plumbers AFL-CIO, LU 675</b> Labor Organization File Number <b>025-657</b> P.O. Box, Building and Room Number, if any Street <b>1109 Bethel Street</b> City <b>Honolulu</b> State <b>Hawaii</b> ZIP Code + 4 <b>96813-2209</b>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Reginald V. Castanares Jr.

On AUG 2 - 2005  
Date

808 536-5454  
Telephone Number

Name of Person Filing Reginald Castanares, Jr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PAMCAH/UA Local 675 Cooperation Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Various Signatory Contractors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PAMCAH-UA Local 675 Cooperation Fund is supported by contributions from signatory contractors.

11.b. Approximate dollar value of such dealing.

\$170,319

12.a. Nature of interest held or income received.

Reimbursement of expenses of participation in educational seminar and representation of trust at various charitable golf tournaments.

12.b. Amount.

\$2,809

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name PAMCAH-UA Local 675 Administrative Office

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

## 11.a. Nature of such dealing.

PAMCAH-UA Local 675 Administrative Office provides administrative services to the various PAMCAH-UA Local 675 trust funds. Expenses of operating the office are prorated among the various funds.

## 11.b. Approximate dollar value of such dealing.

\$1,100,000

## 12.a. Nature of interest held or income received.

Reimbursement for cost of participation in various conferences relating to trust administration.

## 12.b. Amount.

\$17,283

Name of Person Filing Reginald Castanares, Jr.	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Alston, Hunt, Floyd &amp; Ing</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 2281</u></p> <p>Street <u></u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96801-2281</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>PAMCAH-UA Local 675 Trust Funds</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 408</u></p> <p>Street <u>1109 Bethel Street</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96813-2218</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Legal Services</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$125,371</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Attendance of dinners sponsored by Alston, Hunt, Floyd &amp; Ing</u></p> <p>12.b. Amount. <u>\$146</u></p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Bank of Hawaii</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 3170</p> <p>Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96802</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name PAMCAH-UA Local 675 Trust Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 403</p> <p>Street 1109 Bethel Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813-2218</p>	<p>11.a. Nature of such dealing.</p> <p>Investment management and custodial services.</p> <p>11.b. Approximate dollar value of such dealing. \$213,109</p> <p>12.a. Nature of interest held or income received.</p> <p>Estimated cost of participation in golf tournament sponsored by Bank of Hawaii</p> <p>12.b. Amount. \$100</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Central Pacific Bank</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 5th Floor</p> <p>Street 220 South King Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name PAMCAH-UA Local 675 Trust Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 403</p> <p>Street 1109 Bethel Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813-2218</p>	<p>11.a. Nature of such dealing.</p> <p>Investment custodial services</p> <p>11.b. Approximate dollar value of such dealing. \$163,466</p> <p>12.a. Nature of interest held or income received.</p> <p>Estimated cost of dinners provided by Central Pacific Bank</p> <p>12.b. Amount. \$152</p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Davis, Hamilton, Jackson &amp; Associates</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 1600</p> <p>Street 1401 McKinney Street</p> <p>City Houston</p> <p>State Texas ZIP Code + 4 77010-4035</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name PAMCAH-UA Local 675 Trust Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 403</p> <p>Street 1109 Bethel Street</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813-2218</p>	<p>11.a. Nature of such dealing.</p> <p>Investment management</p> <p>11.b. Approximate dollar value of such dealing. \$26,044</p> <p>12.a. Nature of interest held or income received.</p> <p>Cost of dinner sponsored by Davis, Hamilton, Jackson &amp; Associates</p> <p>12.b. Amount. \$158</p>

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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Dodge &amp; Cox</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>40th Floor</u></p> <p>Street <u>555 California Street</u></p> <p>City <u>San Francisco</u></p> <p>State <u>California</u> ZIP Code + 4 <u>94104-1501</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>PAMCAH-UA Local 675 Trust Funds</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 403</u></p> <p>Street <u>1109 Bethel Street</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96813-2218</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Investment management</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>\$432,472</u></p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>Estimated cost of dinner sponsored by Dodge &amp; Cox</u></p> <hr/> <p>12.b. Amount. <u>\$200</u></p>



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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name First Hawaiian Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 3708

Street

City Honolulu

State Hawaii

ZIP Code + 4 96811-3708

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii

ZIP Code + 4 96813-2218

## 11.a. Nature of such dealing.

Investment management

## 11.b. Approximate dollar value of such dealing.

\$184,388

## 12.a. Nature of interest held or income received.

Cost of participation in golf tournament sponsored by First Hawaiian Bank

## 12.b. Amount.

\$68

Name of Person Filing Reginald Castanares, Jr.

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Morgan Stanley

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1600

Street 1001 Bishop Street

City Honolulu

State Hawaii ZIP Code + 4 96813

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

## 11.a. Nature of such dealing.

Investment monitoring

11.b. Approximate dollar value of such dealing.

\$24,535

## 12.a. Nature of interest held or income received.

Cost of dinner sponsored by Morgan Stanley

12.b. Amount.

\$94

Name of Person Filing Reginald Castanares, Jr.

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name NWQ Investment Management Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 4th Floor

Street 2049 Century Park East

City Los Angeles

State California ZIP Code + 4 90067

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

## 11.a. Nature of such dealing.

Investment management

## 11.b. Approximate dollar value of such dealing.

\$273,033

## 12.a. Nature of interest held or income received.

Cost of dinner sponsored by NWQ Investment Management Company

## 12.b. Amount.

\$158

Name of Person Filing Reginald Castanares, Jr.

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Robeco USA/Boston Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 905

Street 900 Fort Street Mall

City Honolulu

State Hawaii ZIP Code + 4 96813

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

## 11.a. Nature of such dealing.

Investment management

## 11.b. Approximate dollar value of such dealing.

\$98,290

## 12.a. Nature of interest held or income received.

Estimated cost of brunch sponsored by Robeco USA/  
Boston Partners

## 12.b. Amount.

\$110

Name of Person Filing Reginald Castanares, Jr.

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## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 500

Street 120 Montgomery Street

City San Francisco

State California ZIP Code + 4 94104

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PAMCAH-UA Local 675 Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 403

Street 1109 Bethel Street

City Honolulu

State Hawaii ZIP Code + 4 96813-2218

## 11.a. Nature of such dealing.

Actuarial and consulting services

## 11.b. Approximate dollar value of such dealing.

\$165,504

## 12.a. Nature of interest held or income received.

Estimated cost of dinner sponsored by Segal Company

## 12.b. Amount.

\$100